Department of Health and Human Services
Assertive Community Treatment (ACT) Self-Fidelity Response

CMHC:	**Riverbend Community Mental Health Center**
DHHS Response Date:	**December 1, 2016**

Executive Summary:

Thank you for conducting this ACT Fidelity Review, providing the Report and for your ongoing efforts to provide high quality services to consumers with psychiatric disabilities.

We appreciate the goals you have identified under specific items with lower scores and in the Areas of Focus section. We are interested in a little more information – specifically, we are looking for specific and measurable goals with specific timelines for the actions you propose. For example, by what date do you expect your substance abuse specialist will begin meeting with all clients who have substance use disorders to provide stage wise substance abuse-related services? Additionally, we are looking for more information under the items listed below. The Evidence-Based Practices Kit, *Building your Program* and *Evaluating Your Program* guides may provide helpful guidance.

Please provide additional information to the "Areas of Focus" section of your report as well as to the individual item sections as follows:

1) Under H9, please specify timeline.
2) Under item H7, H10, S6, S9 a plan is needed.
3) Under item O4 please provide a goal where at least the ACT team is consulted with after hours when needed.
4) Please substantiate scores under O5 and O6.
5) Under S1, please clarify that the time calculation consists of time with ACT team members only and please include the formula used.
6) Under S4 please provide formula used.

Additionally, please remember to provide substantiation for each item.

We commend you for your ongoing efforts to provide an ACT service to consumers with SMI. We are particularly delighted that you have co-occurring disorders expertise on the ACT team and within your agency, and we look forward to seeing the team expand capacity and develop increased programming for Integrated Dual Disorders Treatment within the ACT team. We are also delighted that you have a peer on your team. Please ensure that he or she can maintain a peer support role, and encourage him/her to attend the peer specialist support group sponsored by the Office of Consumer and Family Affairs.

Please submit an updated Fidelity Review to Michele Harlan by December 16, 2016.

DHHS greatly appreciates the thorough review and updated responses submitted on December 16, 2016. The ACT service was scored 104, Fair Fidelity. Upon review we have determined that Riverbend is reasonably in compliance with the purpose and intent of the ACT self-fidelity process.

We have updated the DHHS response herein accordingly.

The agency also noted that scores in two areas were lowered as a result of recalculations. One was in O-5: Responsibility for hospital admissions; the other was in S-1: Community based services. Their overall score was thus a 104 with Fair Implementation.

The agency submitted a plan to focus on improvement of substance abuse disorder treatment to ACT consumers by a combination of leveraging SUD staff with their relatively new SUD program, increased marketing and education among both staff and consumers. Please note that overall education and supervision of ACT staff can also enhance integrated, stage-wise co-occurring treatment.

Low reimbursement rates were cited as the barriers to many areas for improvement in staffing capacity, and many of Riverbend's plans for addressing staffing refer to steps related to working on funding the team. A more detailed plan working with Dartmouth Medical school for H-7 (Psychiatrist on team) may be useful. Given the need for very high continuity, having a resident who is just learning how to provide care to very ill consumers with SMI one day a week may not be entirely consistent with the ACT team prescriber model.

The Areas of Focus steps for improvement will be the basis for any technical assistance and follow-up activities with BMHS. Please plan to provide quarterly updates on Riverbend's progress on the Areas of Focus beginning March, 2017.

This CMHC self-review resulted in an Implementation rating of:	Fair Implementation
Out of a possible 140 points the CMHC reported a score of:	***Updated score of*** 104

		Plan Required: H7, H10, S6, S9 **Goal Required:** O4			**No further action needed:**		**Resubmit: X Address items:** as mentioned above

Score Range	Implementation Rating
113 – 140	Good Implementation
85 – 112	Fair Implementation
84 and below	Not Assertive Community Treatment

Human Resources: Structure and Composition

H1 Small caseload: Consumer/provider ratio = 10:1	**Rating = 5 out of 5**
DHHS Response:	Acceptable

H2 Team approach: Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers	**Rating = 5 out of 5**
DHHS Response:	Acceptable

H3 Program meeting: Meets often to plan and review services for each consumer	**Rating = 4 out of 5**
DHHS Response:	Acceptable

H4 Practicing ACT leader: Supervisor of Frontline ACT team members provides direct services	**Rating = 3 out of 5**
DHHS Response:	Please indicate percentage of time ACT leader is providing clinical care. Also, please note that the Assertive Community Treatment Implementation Resource Kit: Implementation Tips for Mental Health Program Leaders: Section 1: Resources and Processes provides helpful information. This section of the kit suggests that a Program Assistant could be helpful to complete administrative tasks including completion of reports. ***Riverbend reports that the ACT Team Leader spends 11.79% of time providing clinical care. Administrative burden is cited as the primary reason for the percentage. There is no mention of a Program Assistant or other strategy to address this component of ACT.*** ***DHHS response: Please consider addressing this item in your plan for the coming year.***

H5 Continuity of staffing: Keeps same staffing over time	**Rating = 5 out of 5**
DHHS Response:	Acceptable

H6 Staff capacity: Operates at full staffing	**Rating = 5 out of 5**
DHHS Response:	Please include the formula and your calculation. ***The following calculation was submitted:*** ***Calculation=100 x (sum of number of vacancies each month)/total number of staff positions X 12)*** • ***=100 x 2/(7.8 x 11)+(9.3 x 1)(the agency added 1.5 FTE in September which is why one month was counted as having higher staffing in the formula)*** • ***=2.14*** • ***=97.89% staff capacity*** ***Score=5*** ***DHHS response: Agree***

H7 Psychiatrist on team: At least 1 full-time psychiatrist for 100 consumers works with program	**Rating = 2 out of 5**
DHHS Response:	Easy and rapid access to a skilled prescriber is a key component of ACT. Please specify Riverbend's goal and action steps related to your continued recruitment efforts. ***Low reimbursement Medicaid rates were cited as a contributing factor to the overall psychiatry shortage in the State of New Hampshire. The agency plans to attempt recruitment as follows: maximize revenues from Managed Care rates and seek BMHS increased financial support for ACT Team expansion; work with Dartmouth Medical School to employ psychiatric residents; and continue to work with BMHS to explore enhanced funding to ACT.*** ***Specific efforts to work with Dartmouth and timeline were not provided. Given the need for very high continuity, having a resident who is just learning how to provide care to very ill consumers with SMI 1 day a week is not entirely consistent with***

	the ACT team prescriber model. ***DHHS response: Plan is acceptable***

H8 Nurse on team: At least 2 full-time nurses assigned for a 100-consumer program	**Rating = 2 out of 5**
DHHS Response:	Continue recruitment efforts ***Low reimbursement rates were cited for this staffing gap and no improvement plan was provided.*** ***DHHS response: Please consider addressing this issue in your plan for the coming year.***

H9 Substance abuse specialist on team: A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment	**Rating = 3 out of 5**
DHHS Response:	In the ACT model, the ACT substance abuse specialist provides integrated substance abuse treatment to ACT team members, and also provides coaching and ongoing support to other ACT workers for integrated treatment. Agree with recommendations. Please specify timeline ***The agency will start the following in February 2017: seek to capitalize on their resources already in place; increase marketing of the SUD group; enhance the relatively new agency SUD program interface with CSP and ACT consumers. The agency will also explore the financial impact of hiring additional staff.*** ***DHHS response: Acceptable***

H10 Vocational specialist on team: At least 2 team members with 1 year training/experience in vocational rehabilitation and support	**Rating = 2 out of 5**
DHHS Response:	A plan is needed in this area ***The agency submitted the following plan:*** ***December 2016: Grow the ACT team caseload by a minimum of 3 new consumers per month. Use newly developed screening tool as part***

	of the process. ***January 2017: 1) Maximize service capacity with the existing staffing structure. Discuss supported employment with all new ACT consumers as part of an orientation process; 2) Update SE marketing materials and distribute to all teams, including ACT team.*** ***February 2017: Explore a plan to double the vocational specialist on the team.*** ***DHHS response: Acceptable***

H11 Program size: Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	**Rating = 4 out of 5**
DHHS Response:	Acceptable

Organizational Boundaries

O1 Explicit admission criteria: Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	**Rating = 4 out of 5**
DHHS Response:	Acceptable

O2 Intake rate: Takes consumers in at a low rate to maintain a stable service environment.	**Rating = 5 out of 5**
DHHS Response:	Acceptable. Please note the tool kit mentions that up to 6 individuals per month can be enrolled.

O3 Full responsibility for treatment services: In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	**Rating = 5 out of 5**
DHHS Response:	Acceptable

O4 Responsibility for crisis services: Has 24-hour responsibility for covering psychiatric crises.	**Rating = 2 out of 5**
DHHS Response:	There is no indication that the ACT team provides any kind of service after 8 pm – instead it is indicated that the center's emergency services provide all crisis services between 8 pm and 8 a.m. Please provide goal for improvement in this area. ***The agency concedes that 24/7 coverage for ACT consumers would enhance the quality of the service, but would be an agency financial strain. The agency has submitted the following plan to begin in March 2017: Will engage a formal planning process to explore options for cross-program functionality in addressing crisis needs of ACT clients in the community on a 24-7 basis.*** ***DHHS response: Acceptable***

O5 Responsibility for hospital admissions: Is involved in hospital admissions.	**Rating = Updated 4 out of 5**
DHHS Response:	In order to achieve a score of 5, the ACT team must be involved in 95% or more admissions. Riverbend states that ACT workers are aware of all admissions. Being "aware of an admission" is not the same as being involved in an admission, which is how this item is scored. Please substantiate your score. ***The agency, upon review, lowered the rating from a 5 to a 4. There were 7 admissions in which ACT was involved; which is less than 95%, but more than 65%.*** ***The agency plans to review with Emergency Services the protocol of contacting ACT as part of their assessment and disposition process.*** ***DHHS response: Acceptable***

O6 Responsibility for hospital discharge planning: Is involved in planning for hospital discharges.	**Rating = 5 out of 5**
DHHS Response:	Riverbend's notes on this item indicate that the hospital liaison is coordinating hospital discharges, rather than ACT team workers. A score of 5 indicates that '95% or more discharges were planned jointly with the ACT program'. Please substantiate your score.

	ACT staff were directly involved in all 9 hospital discharges; attendance of discharge planning meetings at the hospital, phone contact with hospital staff, and use of the New Hampshire Hospital liaison were cited to substantiate the score. *DHHS response: Agree*

O7 Time-unlimited services (graduation rate): Rarely closes cases but remains the point of contact for all consumers as needed.	**Rating = 4 out of 5**
DHHS Response:	Acceptable

Nature of Services

S1 Community-based services: Works to monitor status, develop community living skills in community rather than in office.	**Rating =** ***Updated rating= 4*** **out of 5**
DHHS Response:	Clarify that the time calculation consists of time with ACT team members only. Please include the formula on which the score is based ***The agency realized a calculating error and submitted the following calculation with a new score for this item.*** ***Item response coding = total number of community-based services/total number of services*** ***=165/210*** ***=78.57% community-based services*** ***Score=4*** ***DHHS response: Agree***

S2 No dropout policy: Retains high percentage of consumers.	**Rating = 5 out of 5**

DHHS Response:	Acceptable

S3 Assertive engagement mechanisms: As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	**Rating = 5 out of 5**
DHHS Response:	Acceptable

S4 Intensity of service: High total amount of service time, as needed.	**Rating = 5 out of 5**
DHHS Response:	The report states that ACT clients with reviewed records had over 2 hours per week of face- to-face contact. Please note that the Phoenix report for the past quarter shows that Riverbend ACT clients had 65 minutes per week of ACT services during the past quarter (which would indicate a score of 3). ***The agency submitted the following calculation:*** ***Calculate the mean amount of service hours per consumer, per week, over a month-long period (Sept 2016). From the mean values over a 4-week period, determine the median number of service hours across the sample (average of the 5th and 6th values when the mean service hours per week are ranked)*** ***Formula = (2.23 + 2.15)/2*** ***=2.19 hours/week*** ***Score=5*** ***DHHS response: Agree***

S5 Frequency of contact: High number of service contacts, as needed.	**Rating = 4 out of 5**
DHHS Response:	Riverbend reported that reviewed records indicated that ACT clients had 3.8 ACT contacts per week. Please note that the Phoenix report indicates that Riverbend ACT clients had an average of 2.2 ACT contacts per week during the past quarter (which would indicate a score of 3). Please provide formula ***The agency submitted the following calculation:***

	Calculate the mean number of face-to-face consumer-ACT service contacts, per week, over a month-long period (Sept 2016). From the mean values over a 4-week period, determine the median number of service contacts across the sample (average of the 5th and 6th values when the mean service contacts per week are ranked). ***Formula = (4.00 + 3.75)/2*** ***=3.88 hours/week*** ***Score=4*** ***DHHS response: Agree***

S6 Work with informal support system: With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers.	**Rating = 3 out of 5**
DHHS Response:	A plan is needed in this area ***The agency submitted a plan to better document this area. The plan includes the following steps:*** *November 2016:* ***ACT team leader to emphasize the importance of providing and documenting non-billable events (such as working with natural supports) with ACT staff during individual supervision as well as during ACT team meetings.*** ***January 2017: ACT team leader to review staff documentation habits for non-billable events as part of our internal QA & employee evaluation process.*** ***DHHS response: Agree with recommendation***

S7 Individualized substance abuse treatment: 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders.	**Rating = 2 out of 5**
DHHS Response:	Integrated treatment of substance use disorder and mental illness is a key component of ACT. The ACT substance abuse specialist should be meeting with the 30 clients who have co-occurring substance used disorders and providing team guidance on stage wise co-occurring treatment.

	The agency will work with their newly developed SUD program to enhance this service. ***DHHS response: Agree***

S8 Co-Occurring disorder treatment groups: Uses group modalities as treatment strategy for consumers with substance-use disorders.	**Rating = 1 out of 5**
DHHS Response:	ACT substance abuse specialist should be meeting with ACT clients within the ACT structure and should not be referring out. ***Enhanced marketing and interface between ACT and the agency's SUD program will occur.*** ***DHHS response: Acceptable response. Please note that all ACT clinicians may provide education and informal motivational intervention, particularly to clients who are in precontemplation or contemplation stage of change for substance use. Education and skills enhancement for all ACT team staff can enhance care and also enhance staff confidence and satisfaction with work on the ACT team.***

S9 Dual Disorders (DD) Model: Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	**Rating = 3 out of 5**
DHHS Response:	A specific plan related to the recommendations is needed ***The agency has identified the following plan to accomplish improvement in this area:*** ***December 2016: CSP director to explore the SUD program to see what services may be available to ACT consumers to supplement the work being done within the ACT team.*** ***January 2017: ACT staff will meet with all new ACT consumers to discuss SUD treatment as part of ACT orientation; ACT clinician to provide information about the Relapse/Prevention Group to all new ACT clients as part of an orientation process.*** ***February 2017: ACT clinician will meet with all existing ACT consumers with Substance Use Disorders to discuss SUD treatments that are available.***

	March 2017: ACT clinician to provide & document more structured formalized and individualized SUD services to ACT consumers that include harm reduction & stage-appropriate interventions. ***DHHS response: Acceptable plan. Please note comment above for S8.***

S10 Role of consumers on team: Consumers involved as team members providing direct services.	**Rating = 3 out of 5**
DHHS Response:	A plan is needed in this area ***Low reimbursement rates were again cited as a deterrent to hiring more Peer Specialists for the agency. Nonetheless, the agency has submitted the following plan:*** ***February 2017: Initiate a formal planning process to explore how we might be able to access grants or other funds that would help to support the service.*** ***Partner with the State to receive Medicaid reimbursement above current rates or explore the availability of general fund dollars.*** ***DHHS response: Acceptable plan***